



THRIFT SAVINGS PLAN WITHDRAWAL REQUEST

TSP-70

Use this form when you are ready to request a withdrawal of your Thrift Savings Plan (TSP) account, but not before you separate from Federal service. **Read the instructions on the back before completing this form.** Type or print the information requested.

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle
2. _____ - _____ - _____ 3. _____ 4. (_____) _____ - _____
Social Security Number Date of Birth (Month/Day/Year) Daytime Phone (Area Code and Number)
5. Address _____
Street address or box number
6. City _____ 7. _____ 8. _____
State/Country Zip Code
9. I am separated from Federal service **and** I expect my separation to exceed 31 full calendar days from the date of my separation. ☐ Yes ☐ No (**STOP.** See back of form.)

II. YOUR WITHDRAWAL ELECTION

10. ☐ Make my withdrawal as soon as possible **or** ☐ Make my withdrawal in _____ / _____
Month Year
- I choose to withdraw my TSP account as indicated below (Check **either** Item 11 **or** 12 **or** 13):
11. ☐ **A life annuity** **or** 12. ☐ **A single payment** **or** 13. ☐ **A series of monthly payments**
The Annuity Request Package will be sent to you. (CSRS participants skip to Section IV. FERS participants skip to Section VI.) (Check and complete a **or** b **or** c):
- a. ☐ Payments for _____ months **or**
- b. ☐ \$ _____ per month **or**
- c. ☐ Payments based on IRS life expectancy table

III. TRANSFER

14. ☐ I want all or a portion of my single payment or of each monthly payment to be transferred to an Individual Retirement Arrangement (IRA) or other eligible retirement plan. (See back of form for restrictions on transfer of monthly payments.) **Also complete Form TSP-70-T.**

IV. SPOUSE INFORMATION

15. Are you married, even if separated from your spouse?
☐ Yes (Complete this section.) ☐ No (Skip to Section VI.)
16. Spouse's Name _____
Last First Middle
17. Spouse's Social Security Number _____ - _____ - _____
18. Spouse's Address _____
Street address or box number (If same as yours, write "SAME.")
19. City _____ 20. _____ 21. _____
State/Country Zip Code
22. ☐ Check here if you do not know your spouse's address. (See back of form.)

V. SPOUSE WAIVER OF ANNUITY BENEFIT

Married FERS
participants only

- Your withdrawal election in Section II does not provide for a joint life annuity with 50 percent survivor benefit, level payments, and no cash refund, as required by law. Therefore, this election cannot be processed unless your spouse waives the right to that annuity.
- Spouse: I give up my right to the prescribed joint life annuity by signing below.
23. _____ 24. _____
Spouse's Signature Date Signed
25. ☐ Check here if you cannot obtain your spouse's signature. (See back of form.)

VI. YOUR SIGNATURE AND CERTIFICATION

I certify that the information provided above is true to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of the law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

26. _____ 27. _____
Participant's Signature Date Signed

INFORMATION AND INSTRUCTIONS

Make a copy of this form for your records. Mail the original to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500
Telephone number: (504) 255-6000
TDD: (504) 255-5113

Read the booklet *Withdrawing Your TSP Account* and the notice "Important Tax Information About Payments From Your Thrift Savings Plan Account" before you make your withdrawal election. Your agency must give you these materials when you separate from service. If it has not done so, ask your agency for them.

Accounts of \$3,500 or less. When your agency reports that you have separated from service, the TSP will notify you about automatic cashout procedures or leaving your money in the TSP. If the TSP receives a properly completed Withdrawal Request before issuing your cashout notice, your election will be processed, and a cashout notice will not be sent to you.

Accounts of more than \$3,500. If you wish to leave your money in the TSP, you do not need to submit any forms. If you wish to withdraw your account, spouse notice or waiver requirements apply (see instructions for Sections IV and V).

SECTION I. 9. Separation from Federal service. If either part of this item is not true, you are not eligible to withdraw your account at this time; do not submit this Withdrawal Request. If you have separated but anticipate being rehired after a break in service of more than 31 full calendar days, see the withdrawal booklet for important information about rehired participants and withdrawal restrictions.

SECTION II. 10. Date of withdrawal. Check the appropriate box to indicate whether you want your withdrawal as soon as it can be processed or at a specific future date. The timing of your withdrawal depends on when we receive this form and when your agency submits your separation information. If you choose a specific date more than four months in the future, the TSP will notify you before that date and will provide current withdrawal and tax information.

Note: You cannot request a withdrawal for a future date that is later than March of the year following the year you become 70½.

11. Life annuity. Your account balance must be \$3,500 or more before an annuity can be purchased. The TSP will send you the Annuity Request Package (Form TSP-11-A-B-C) four months before the date you choose in Item 10, or immediately, if you request a withdrawal to be made as soon as possible. Spouse notice or survivor annuity requirements will apply when you complete your annuity election.

12. Single payment. Your entire account balance will be paid out at one time.

13. Series of monthly payments. You can have monthly payments determined in one of three ways. Choose carefully, because you cannot change the way your payments are determined once they begin. For 13a or 13b, your monthly payments must be at least \$25.

You may choose **one** of the following:

a. Number of monthly payments. Indicate the number of monthly payments you wish to receive. At the beginning of

each year, the TSP will recalculate your monthly payment amount based on your account balance at the end of the preceding year and the number of payments remaining.

b. Monthly payment amount. Indicate the dollar amount of your monthly payments. You will receive payments in this amount until your entire account balance has been paid.

c. Payments based on IRS life expectancy table. (Table V, 26 CFR §1.72-9). At the beginning of each year, the TSP will recalculate your monthly payment amount based on your account balance and your age.

SECTION III. 14. Transfer to an IRA or other eligible retirement plan. Check Item 14 if you want the TSP to transfer all or part of your single payment or all or part of each monthly payment to an IRA or other eligible retirement plan. **You must also submit Form TSP-70-T, Transfer Information.** If you request a transfer at a date more than four months in the future, do not submit Form TSP-70-T at this time. The TSP will mail you a notice several months before your chosen withdrawal date to remind you to submit current transfer information. If Form TSP-70-T is not then received, your election will be cancelled.

Note: The TSP cannot transfer annuity payments, monthly payments based on the IRS life expectancy table, or monthly payments expected to last 10 years or more (i.e., 120 or more months). If you are choosing monthly payments in a specific dollar amount (13b above), see the withdrawal booklet to estimate whether your payments will be eligible for transfer.

SECTIONS IV and V. Spouses' rights apply to accounts that are more than \$3,500 at disbursement. If your account balance is \$3,500 or less, you do not need to complete these sections.

Spouses' Rights

Classification	Requirement	Exceptions
FERS	Spouse is entitled to a survivor annuity unless he or she waives that right.	Whereabouts unknown or exceptional circumstances
CSRS	Spouse is entitled to notification by TSP of participant's election.	Whereabouts unknown

22. Cannot provide spouse's address. If you are a married CSRS participant and you do not know the whereabouts of your spouse, you must submit Form TSP-16, Exception to Spousal Requirements, with the required documentation. (If you are a married FERS participant, you must complete Items 15 – 17, but you do not need to provide your spouse's address.)

25. Cannot obtain spouse's signature. If you are a married FERS participant and you cannot obtain your spouse's signature because his or her whereabouts are unknown or you believe that exceptional circumstances apply, you must submit Form TSP-16, Exception to Spousal Requirements, with the required documentation. (If your current spouse has previously waived the right to a survivor annuity, this section does not have to be completed.)

SECTION VI. 26 – 27. Signature and certification. You must sign and date this section; otherwise, this form will not be accepted.

PRIVACY ACT NOTICE. We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you give us to process the withdrawal of your TSP account. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may

share this information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.



THRIFT SAVINGS PLAN TRANSFER INFORMATION

TSP-70-T

Use this form to instruct the Thrift Savings Plan (TSP) to transfer all or a portion of your payment(s) to an Individual Retirement Arrangement (IRA) or other eligible retirement plan. **Read the instructions on the back before completing this form.** Type or print the information requested.

I. YOUR TRANSFER REQUEST

1. Name _____
Last First Middle
2. Social Security No. _____ - _____ - _____ 3. Date of Birth _____ / _____ / _____
Month Day Year
4. Address _____
Street address or box number
5. City _____ 6. _____ 7. _____
State/Country Zip Code
8. Daytime Phone (Area Code and Number) (_____) _____ - _____
9. Transfer _____% of my single payment or of each monthly payment to the IRA or other eligible retirement plan designated below. (Specify the portion to be transferred in multiples of 5%, for example, 15%, 70%, 100%.)
10. _____ 11. _____
Participant's Signature Date Signed

II. INFORMATION FROM THE IRA OR OTHER ELIGIBLE PLAN

*To be completed by
financial institution/
plan administrator*

The financial institution or the plan administrator must ensure that the plan described in this section is an eligible retirement plan as defined in section 402(c)(8) of the Internal Revenue Code. An eligible retirement plan is: an Individual Retirement Arrangement (IRA), which is either an Individual Retirement Account or an Individual Retirement Annuity other than an endowment contract; a tax-qualified employee benefit plan; or an annuity plan described in section 403(a) of the Internal Revenue Code.

Do not submit transfer forms of financial institutions or plans.

12. Type of Account: ☐ IRA ☐ Other Eligible Retirement Plan (Provide plan name if you check this box.)
Plan Name: _____
13. Account Number _____
14. Make check payable to (plan trustee): _____
Limit response to 25 characters.
15. Mail to: _____
Name of institution or person, if different from Item 14
16. Attention of: _____
17. Address _____
Street address or box number
18. City _____ 19. _____ 20. _____
State Zip Code
21. Contact Person _____ 22. (_____) _____ - _____
Phone (Area Code and Number)

I confirm the accuracy of the information in this section and the identity of the individual named in Section I. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the TSP and deposit them in the IRA or other eligible retirement plan indicated above.

23. _____ 24. (_____) _____ - _____
Typed or Printed Name of Certifying Representative Phone (Area Code and Number)
25. _____ 26. _____
Signature of Certifying Representative Date Signed

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

To have all or part of your payment(s) from your TSP account transferred to an IRA or other eligible retirement plan, provide the information requested on the front. **Do not submit transfer forms of financial institutions or plans;** the TSP Service Office **cannot** accept them.

Please note that the IRA or plan to which the account is to be transferred must be a trust established inside the United States (i.e., the 50 states and the District of Columbia).

You must complete Section I. The financial institution or administrator of the plan to which you want the TSP to transfer your payment(s) must complete Section II. After both sections have been completed, make a copy of the form for your records. Mail the original form to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500
Telephone number: (504) 255-6000
TDD: (504) 255-5113

I. YOUR TRANSFER REQUEST

You must complete this section before giving this form to your financial institution or plan administrator.

1-8: Provide the requested information.

9: The percentage that you choose must be at least 5%. Some financial institutions and plans have minimum transfer amounts or may not accept monthly transfers. You should verify that your transfer choice will be accepted before completing this form.

II. INFORMATION FROM THE IRA OR OTHER ELIGIBLE PLAN

This section must be completed by the financial institution or plan administrator. The institution or plan should retain a copy of this form in order to identify the account to which the check should be deposited when it is received.

Note: If the transfer is to an IRA, the institution accepting the transfer should submit Form 5498 to the IRS.

12: Type of Account. Indicate whether the transfer is to an IRA or other eligible retirement plan. If the transfer is to an other eligible retirement plan, provide the name of the plan.

13: Account Number. Enter the account number, if available, of the IRA or plan to which the money is to be transferred.

14: Make check payable to (plan trustee). Provide the exact name that should appear on the check. This should be the plan trustee. If the plan does not have a trustee, provide the name of the custodian of the plan. The check will be made payable to the name you provide on this line.

15-16: Provide the name of the institution and/or person to whom the check should be directed, if different from Item 14.

17-20: Provide the mailing address.

21: Contact Person. Provide the name of the person who will be able to give additional transfer information to the TSP if needed. If this person is the same as the person to whose attention the check should be mailed, you should again provide that person's name on this line.

22: Phone. Provide the contact person's telephone number.

23-26: Certification. The administrator of the financial institution or plan must complete these items.

PRIVACY ACT NOTICE. We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you give us to process the transfer of your TSP account. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share

this information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.